VIRGINIA BOARD OF PHYSICAL THERAPY CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

I have completed a minimum of 160 hrs. of active practice within the 2 years immediately preceding renewal* \(\subseteq \text{Yes} \) \(\subseteq \text{No} \)				
I have completed at least 30 contact hrs. of continuing competency within the 2 years immediately preceding renewal* 🗌 Yes 🔝 No				
*Active Practice and Continued Competency hours completed during the time period of January 1, 20 thru December 31, 20				
DATE	COURSE NAME	ACTIVITY	# OF HOURS/TYPE	
	Please list course name exactly as referenced on certificate.	Conferences, consultations, teaching, peer-reviewed journals, quality improvement teams, self-instructional material	Type 1 Minimum 20 hrs. for PT 15 hrs. for PTA	Type 2 No more than 10 hrs. for PT 15 hrs. for PTA
TOTAL AMOUNT OF CONTINUING COMPETENCY HOURS RECEIVED				
As required by law and regulation, I certify that the above is a true and accurate statement regarding my participation in continuing competency hours and active practice for the specified time period.				
Signature Printed Name Date				

License Number